December 31, 2002   27 28 25 30 4 25   27 28 25	Commonwealth of Kentucky REVENUE CABINET Department of Property Valuation						Dep. betw	Department of Property Valuation between January 1 and April 30 2003.			
See Instructions										2003	
For Year Ending	·								1		
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Name 2  Address 1  Address 2  City  State  ZIP Code  FEIN  Betry Person  Contact Person  Preaudit  Phone ( )  Taxpayers completifier for mailing the tax return packet? Taxpayer Address  Taxpayer Address  Taxpayer Address  Agent Andress above is to be used for mailing the tax return packet? Taxpayer Address  Taxpayer	·						LEA	VE BLANK			
Address 2  City   State   ZIP Code   FEIN   Entry   Person    Contact Person   Preaudit   Preaudit	Name 2										
Address 2  City   State   ZIP Code   FEIN   Entry Person    Contact Person   Preaudit   Preaudit    Phone   Fax   E-Mail   Preaudit    Name 2   Taxpayers companied   Taxpayers companied   Taxpayers companied    Address 1   Taxpayer companied   Taxpayers companied    Address 2   Taxpayers companied   Taxpayers companied    Address 2   Taxpayers companied   Taxpayers companied    Contact Person   Fax   E-Mail   Taxpayers companied    Contact Person   Fax   E-Mail   Taxpayers companied    Contact Person   Fax   E-Mail   Taxpayers companied    Contact Person   Taxpayers companied   Taxpayers companies    Contact Pers	Address 1										
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Address 1  Address 2  City   State   ZIP Code   FEIN   Agents completing return must of the agency port or der to maint agent status.  Agents completing return must of the current power of a current powe	( ) 2. Tax Agent Name 1	(	)		<u> </u>				<u> </u>		
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Address 2  City   State   ZIP Code   FEIN   Agents completing return must he current power of a on file with the Kerner Cabir include one.  Contact Person   Fax									this return must complete the agency portion in		
City   State   ZIPCode   FEIN   Agents completing return must he current power of a on file with the Keevenue Cabir include one.    Contact Person   Fax									order to	maintain a	
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Contact Person    Phone	City		State	ZIP Code		FEIN			return	must have	
Phone ( )  3. Type of Public Service Company  4. Type of Ownership   Foreign   Corporation   Partnership   Individual   G. Year Kentucky Operations Commenced:  7. Which address above is to be used for mailing the assessment notice, tax bills and certifications?   Taxpayer Address   Other     Taxpayer Address   Other     Taxpayer Address   Other     Tax Agent Address   Other     Other     Tax Agent Address   Other     Tax Agent Address   Other     Other	Contact Person		_						on file wit	th the Kentucl	
Foreign   Corporation   Partnership   Individual   G. Year Kentucky   Operations Commenced:  7. Which address above is to be used for mailing the assessment notice, tax bills and certifications?   Taxpayer Address   Other   Tax Agent Address   Other   Yes   No   If yes, submit organizational chart and informational reports. (KRS 136.130 and 136.140)   Yes   No   If yes, submit a copy of the appraisal report. (KRS 136.130 and 136.140)   II. Has the company or a fraction thereof sold, been purchased or merged within the last year?   Yes   No   If yes, complete the appropriate informational report, Revenue Form 61A209 or Revenue Form 61A210, included in this packet.   Iz. Do you want a public service company packet of forms mailed to you next year?   Yes   No   If no, you must obtain your tax return via the Internet. www.revenue.ky.gov   Is. Do you intend to claim the Coal Incentive Tax Credit?   Yes   No   If yes, provide a copy of the Coal Incentive Tax Credit Certificate. (KRS 141.110)   I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and to the best of my known of the coal Incentive Tax Credit Certificate. (KRS 141.110)   I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and to the best of my known of the coal Incentive Tax Credit Certificate.	Phone	Fax	)		E-Mail				_		
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Tax Agent Address	7 Which address above is to be	o used for m				rd certifi	_	ons Con	amenced:		
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□ Tax Agent Address □ Other □ Tax Agent Address □ Superior Companies? (Parent/Subs) □ Yes □ No If yes, submit organizational chart and informational reports. (KRS 136.130 and 136.140)  10. Has an independent authority or agency valued your property? □ Yes □ No If yes, submit a copy of the appraisal report. (KRS 136.130 and 136.140)  11. Has the company or a fraction thereof sold, been purchased or merged within the last year? □ Yes □ No If yes, complete the appropriate informational report, Revenue Form 61A209 or Revenue Form 61A210, included in this packet.  12. Do you want a public service company packet of forms mailed to you next year? □ Yes □ No If no, you must obtain your tax return via the Internet. www.revenue.ky.gov  13. Do you intend to claim the Coal Incentive Tax Credit? □ Yes □ No If yes, provide a copy of the Coal Incentive Tax Credit? □ Yes □ No If yes, provide a copy of the Coal Incentive Tax Credit? □ Yes □ No If yes, provide a copy of the Coal Incentive Tax Credit? □ Yes □ No If yes, provide a copy of the Coal Incentive Tax Credit? □ Yes □ No If yes, provide a copy of the Coal Incentive Tax Credit? □ Yes □ No If yes, provide a copy of the Coal Incentive Tax Credit? □ Yes □ No If yes, provide a copy of the Coal Incentive Tax Credit? □ Yes □ No If yes, provide a copy of the Coal Incentive Tax Credit? □ Yes □ No If yes, provide a copy of the Coal Incentive Tax Credit Certificate. (KRS 141.110)	☐ Tax Agent Address										
9. Is your company affiliated with any other companies? (Parent/Subs)		e used for ma									
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	Signature				Title					 Date	

PUBLIC SERVICE COMPANY PROPERTY TAX RETURN

61A200 (10-02)